

Registration Form

20th National Information Systems Security Conference

October 7-10, 1997
Baltimore Convention Center
Baltimore, Maryland

Registration Information

Name: _____

Company Name: _____

Address: _____

City, State, Zip _____

Country, if other than US: _____

Telephone, Fax, E-mail Address: _____

Government Employee? Yes No

Academic? Yes No

International Attendee? Yes No

Speaker or Presenter? Yes No

First Time Attendee? Yes No

Registration Fees

\$360; \$410 after September 8, 1997

Payment Enclosed \$ _____

Workshop Fee

\$100

Payment Enclosed \$ _____

Workshop I II III IV

Please circle the sessions you plan to attend:

Tuesday	2:00-3:30 p.m.	Track	A	B	C	D	E	F	G	H	Thursday	8:30-10:00 a.m.	Track	A	B	C	D	E	F	G	H
	4:00-5:30 p.m.	Track	A	B	C	D	E	F	G	H		10:30-12:00 p.m.	Track	A	B	C	D	E	F	G	H
Wednesday	8:30-10:00 a.m.	Track	A	B	C	D	E	F	G	H		2:00-3:30 p.m.	Track	A	B	C	D	E	F	G	H
	10:30-12:00 p.m.	Track	A	B	C	D	E	F	G	H		4:00-5:30 p.m.	Track	A	B	C	D	E	F	G	H
	2:00-3:30 p.m.	Track	A	B	C	D	E	F	G	H	Friday	8:30-10:00 a.m.	Track	A	B	C	D	E	F	G	H
	4:00-5:30 p.m.	Track	A	B	C	D	E	F	G	H											

Return this Form and Payment to:

20th National Information Systems
Security Conference
c/o Office of Comptroller
National Institute of Standards and
Technology
Room A807, Administration Building
Gaithersburg, MD 20899-0001

Form of Payment

Check payable to: NIST/20th National Information Systems Security Conference.

PLEASE NOTE: All checks must be drawn on U.S. banks only.

Purchase Order No.: _____ (attach copy of purchase request)

Federal Government Training Form No.: _____ (attach copy of form)

Credit Card (check one): Mastercard Visa

PLEASE NOTE: No other credit cards will be accepted.

Account No.: _____ Exp. Date: _____

Name on Credit Card: _____

Authorized Signature: _____

Credit Card registration may be faxed to Tammie Grice at (301) 948-2067.

Do you want your name on the Conference Participants' List, which is distributed at the conference? Yes No

It is our desire to comply with the letter and spirit of the Americans With Disabilities Act of 1990.
Attendees with special needs should call Tammie Grice at (301) 975-3883 or contact the Maryland Relay
Service at 1-800-735-2258.

Request for cancellation and refund must be received, in writing, by September 8, 1997.